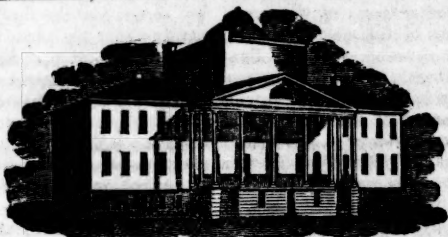


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I.

An Account of Dengue, Danga, or Dandy Fever, as it occurred in New-Orleans, and in the person of the Writer, communicated in a Letter to one of the Editors.

By PHILIP J. DUMARESQ, M.D.

HAVING very little to communicate concerning myself, I shall occupy my time and paper in giving you an account of a disease which lately made its appearance in this place, of an anomalous character, and became a very general epidemic, more so than any other previously experienced; perhaps not more than one person out of an hundred having escaped its attack.

The disease alluded to is supposed to have been brought from Africa, with some slaves imported into the Havana. In that place it obtained the name of Dingee, Dengue, Danga, &c. It was there very prevalent, and also in Barbadoes, where it received the name of Dandy fever, from the stiffened form and dread of motion in patients.

It is generally supposed it was brought from the Havana to this place in a vessel, on board which were one or two persons afflicted with the remains of the disease. The disease, however, was not propagated by contagion, for persons in different parts of the city and suburbs were attacked by it at the same time, and its spread was so rapid among the inhabitants that in eight or ten days at least one third of the population was laboring under its influence, including persons of all ages and different sexes. At the time of its appearance here, the weather was very warm, but not exceeding a temperature favorable to health. The river also was at a favorable height, and from all circumstances combined, we were led to expect a healthy season.

The commencement of the disease is marked by the following symptoms:—Languor, disinclination to muscular exercise, slight chilliness, with dryness of the skin and fauces; the tongue at first is covered with a whitish coat, which

afterwards gives place to a yellow; at which time there is a degree of nausea, in the generality of instances trifling. From the first great thirst is experienced, pain and heaviness of the head, depression of the mental powers, frequent yawning, and disinclination to food. These symptoms generally made their appearance in the course of the day, and in the evening fever supervened, which gradually increased through the night, and decreased towards morning, when a partial relief was obtained by a gentle diaphoresis. The time of its duration varied exceedingly, according to the different idiosyncrasies of individuals. In some the fever continued but twelve, in others twenty and forty-eight hours; and even to a longer period in a few.

The peculiar phenomena of this fever are pains in different parts of the body; in the head, arms, loins, and down the course of the crural nerve. The pains in the body and extremities are confined to the muscles, resembling those produced by an attack of acute rheumatism. The suffering, I may say with propriety, is extreme; rest can be obtained in no one situation, and a momentary comfort is obtained by tossing about and stretching the limbs.

With a parched skin, and fauces completely dry, rendering deglutition difficult, fluids are frequently demanded, and although the quantity taken in some instances is great, no part appeared to escape by the skin, and very little comparatively from the kidneys.

The headache during the fever is not uniformly severe, but is more so in its decline, generally affecting one side of the head more than the other, and with its

concomitant symptoms resembling cephalæa hemicrania.

In some persons the fever was slight, with little prostration of strength, accompanied by cough and soreness of the fauces, terminating about the second day with a scarlet eruption. In these, so much were the appearances like scarlatina, that a few old practitioners pronounced it to be that disease; and the appearance of almost every person a few days after the fever had gone off, being marked by a continuous rash over the face, body and extremities, seemed to favor this opinion very much. But from the short duration of this eruption, the type and severity of the fever preceding it, (being synochus rather than typhus,) and the absence of some of the particular symptoms of scarlatina, clearly prove it was not this disease; the state of convalescence also being marked by appearances which are never discovered in that succeeding the latter disease.

A peculiar symptom of this fever in infants, is convulsions,—during which the body is bathed in a copious sweat: the action of respiration seems almost suspended; the eyes are fixed, wildly staring in a direct line from the body; the nostrils are dilated, and there is apparently an effort made to take breath, which a fixed position of the ribs and perhaps a spasmodic contraction of the diaphragm will allow but in a very limited degree. The partial respiration is accompanied now and then with a low moan, which is caused I think by the difficulty attending the effort in making a full inhalation, which is wholly impracticable during the paroxysm; rather than from any pain

the little sufferer is experiencing at the time.

The convulsion is of short duration, and attended with very little muscular effort; in most instances, none. The common mode of treatment is plunging the child in warm water, and holding it there until the breathing becomes free, or else merely bathing the extremities.

In young persons of a good constitution the disease has been as severe in its attack, as in those of a more weakly habit, but reached its acme much sooner, and terminated more kindly in the former,—and more so in the latter than in very old persons and those who were rendered imbecile from previous bad habits.

A person on the disappearance of this fever would attempt to rise from bed, feeling not much loss of strength, and a consciousness of being able to move about and attend a little to business; but how egregiously would he be mistaken when he assumed the upright posture! The joints felt as if fettered or ankylosed, and the advance of one foot or leg beyond the other, would cost more pain and effort than the purpose for which it may have been advanced was worth,—aye,—a thousand times told!

This was a singular termination of the disease, leaving sufferers from the fever hardly able to move about; and indeed the appearance of persons in the streets and every where else must have been truly pitiable to a healthy stranger; the apparently great and often fruitless efforts to make a step; here one would be seen dragging his legs after him, supported on crutches; and there another with limping gait and va-

rious contortions of countenance, bespeaking that his tardy progress was made at the expense of his bodily feelings.

The greatest pain in moving the leg was experienced down the gastrocnemius muscle and about the tendo achilles; although pain was general in the muscles and down the course of the tendons. The muscles of the arm were also painful; and the wrist in some instances was swollen, and not yielding to the slightest motion without giving much pain.

The muscles of the neck were likewise painful, stiff, and producing what is called stiff neck, (*loxia*), which in some continued longer than the stiffness in the limbs. A singular case was related to me by a physician, of a lady, who, whenever she would attempt to walk and had placed her foot on the ground for that purpose, experienced a severe pain darting from one of the toes up the leg, and across the body to the clavicle of the opposite side. She was relieved by the application of a blister below the clavicle.

In many cases, after the fever had gone off a violent purging supervened, with severe griping pains in the abdomen; and the persons were harassed with a constant desire to go to stool, so strong that it must be immediately gratified, and the result would be, a small quantity of frothy mucus mixed with blood and little bits of *fæces*. In a few of these which came under my own care, I found the most efficacious mode of treatment in the application of flannels, wrung out from hot water, to the abdomen; with a moderate dose of calomel combined with a little opium, administered in the form of pills. Soon after the applica-

tions of flannel and the exhibition of the medicine, the pains, with the violent desire to go to stool frequently, ceased as if by a charm, and the patient felt tranquil and disposed to sleep.

Another singular affection noticed in many persons after the fever, was a swelling behind one or both of the ears, immediately over the mastoid process. The appearance of this swelling, with the pain attending it, resembled very much an incipient phlegmon; but its continuance was short and its disappearance rather sudden, without suppuration, and without the aid of any local application.

The most singular local affection which supervened after the fever had entirely disappeared, several cases of which I was informed about, and one I had under my own care, was an itching sensation in the urethra throughout the whole track, with a slight discharge of pus, and a severe burning pain at first about an inch down the canal, experienced in passing water. These symptoms resembled so closely those of blenorrhœa luodes, that the disease was pronounced to be that; but from the asseverations of patients to the contrary, it was attributed to the fever; and I believe with propriety.

In another case under my care, the inflammation continued but twenty-four hours the specific distance in the urethra, and then shifted to the bulb and neck of the bladder. Great irritation was experienced about the anus from sympathy, and sometimes the sphincter became spasmodically contracted when an attempt was made to evacuate the rectum.

This person had been troubled with an ardor urinæ for three or

four days before he observed any discharge from the urethra; and soon after this commenced, the inflammation and soreness shifted to the parts already mentioned. There was not that fulness of the glands, and kind of transparency about the orifice of the urethra observed in blenorrhœa luodes—neither was there a correspondence in some other symptoms.

I was informed by a gentleman, about 30 years of age, who is now laboring under this singular affection, that he had lost entirely his sexual feelings.

In this affection the ardor urinæ is not so great after the inflammation shifts as at the first; but the desire to evacuate the bladder is more urgent, and the pain is experienced in ejecting the last drops, about the bulb of the urethra. To what length of time the duration of this affection is limited I cannot positively say, having heard of no person who is entirely free from it at this present time; but I am told that the fortieth day from the commencement the fever terminates with its unpleasant effects: and this being one of them, a few persons afflicted with it are anxiously looking forward to that day, which they hope will bring relief.

The treatment has hitherto consisted in a moderate and light diet, abstinence from spirituous and vinous liquors, and the use of the mineral acids, chiefly the nitric. Other medicines are considered unnecessary, as the general health is good, and the bowels unconfined. I believe the terebinthines, and other medicines which may have a specific effect in the generality of diseases affecting the mucous membrane, would avail nothing in this; and any local application

that may check the discharge would endanger the general health, as from the circumstances preceding and attending it, it appears an effort of nature to remove in this way some latent remains of the disease. And this supposition is strengthened by the fact that persons in whom this has appeared after the fever, have been free from the kind of rheumatic pains and stiffness observed in others.

This epidemic has been so general, that in families of twenty and thirty persons it was very seldom found that one escaped. Perhaps in the annals of medicine there is not a disease recorded so severe in its accession and duration, so various in its symptoms in different individuals, and so very seldom leading to a fatal issue. Out of the many thousands afflicted with it in this city, not more than four or five have died, and in these it appeared to be combined with some organic difficulty, and especially of the liver, which gave it the semblance of yellow fever, and such it was considered by some.

The general treatment of the disease in this place has been very simple: in most instances nature was allowed to effect a cure without the interference of art; and the progress of those towards amendment who were treated medically was not more rapid than those in whom the disease was allowed to run its course, and have completely its own way.

Fluids were often required, from the severe thirst which was truly distressing, and they were given warm that they might afford present relief, and also promote diaphoresis, which, when it did take place, mitigated the severity

of the fever and pains in various parts.

A cathartic was administered to some after the fever had subsided, and the scarlet eruption was found to appear somewhat sooner in them than in others who took no purgative medicine; but the only difference consisted in this. The eruption was not general in its appearance, many persons who had had the fever being totally exempt from it, but having all the other difficulties which appeared after the termination of the fever.

I have had this fever myself; it was preceded by the usual symptoms, and commenced about eight o'clock in the evening, gradually increasing throughout the night and diminishing towards morning, when I experienced a partial relief from an irregular sweat which broke out in different parts of my body. I arose and took a glass of soda water, which increased the diaphoresis, but I was not free from fever: in a short time it became more violent, with severe pains in all parts of my body; and I was obliged to lie down. The pain in my head was excruciating and confined to one side, which was so sore I could not bear any thing to touch it; and my limbs felt as if they had been severely bruised. The fever continued forty-eight hours, and then went off with a copious sweat which drenched the whole of my body; leaving me however not entirely free from pain, and so stiff in my joints, that I could hardly move my limbs; and could not bend my body or turn my head without experiencing pain.

Two days after the fever left me, a rash made its appearance on the skin, covering my face,

body, and extremities ; it was accompanied by a slight itching and a sensation of great heat over the whole surface ; the discharge from the pores at the same time was free and sometimes copious, without diminishing in the least the unpleasant sensations of heat and itching.

In my case the rash lasted twenty-four hours, but in many others much longer : but never, as far as I could ascertain, beyond the second or third day. In most cases it appeared twenty-four hours or thereabout after the subsidence of fever, and continued nearly the same length of time ; but the pains and stiffness in the limbs continued much longer, and lasted in young persons from two to four days or a week, and in the aged far beyond this time, even to the second and third week, and some are not rid of it at present in whom the disease commenced nearly a month ago.

A few individuals have had fresh accessions of fever of the same kind since its first attack, but I think it must have been caused by intemperance in eating and drinking.

For a few days after the fever, the appetite is very poor, and every thing that may be taken as food or drink has a highly bitter taste ; this soon wears off, and the appetite generally returns with the natural taste of things.

I believe it has now run its course and had its own way in the city. I have not heard that it has extended much beyond the vicinity, but I am afraid, and it is the opinion of many physicians, that it will take its triumphant, but not destructive, march, through the United States, and then visit other countries as it has visited this.

The foregoing account of Dengue Fever in New Orleans is from a letter to one of the Editors, and was not intended for publication. We publish it, however, because it is a fuller account of the disease than we have seen elsewhere.—Ed.

II.

On Flooding.—From Lectures delivered at Guy's Hospital,

By Dr. JAMES BLUNDELL.

Concluded from page 489.

We now, Gentlemen, pass to the consideration of the third sort of cases, frequent in consultation practice, and of the utmost importance—I mean those cases in which large quantities of blood are come away from the uterus, in the latter months more especially, and where you find, on entering the apartment, that the woman is already dead ; or, as more frequently happens, that she is lying in a state merely approaching to asphyxia. To two dead females I have been called in the course of one night, both destroyed before my arrival by large eruptions of blood from the womb. And should you meet with cases of this kind, as they must occasionally fall within the circle of a comprehensive practice, your first consideration relates to the removal of the child.

In some instances, the fœtus, low down in the pelvis, or lodging in a dilated os uteri, might be abstracted with little disturbance by turning, or the forceps ; in others, the os uteri being shut more or less completely, the fœtus could not be extracted without violence, by the natural passages, and the razor, and the Cæsarian

incisions; would, in a scientific view, be a preferable method of delivery. In deaths from flooding, however, the *fœtus* will rarely be found alive. The interrupted placentopulmonary function frequently destroys it even within the uterus, perhaps while the mother still survives. Considering, as I do, that the *fœtus* ought certainly to be saved from drowning; if practicable, I should in my own family, wish the child to be withdrawn, if this could be accomplished without violence; but should delivery be impracticable, without laceration of the uterus, or the Cæsarian incisions, I should forbid it. Before the patient is utterly dead, and past all feeling, to remove the *fœtus* by violence is a horrid cruelty, which we must, I am sure, all of us, with one voice, condemn; and considering how possible it is, that some sensibility may still inhere, even when an ordinary practitioner little suspects it, as the security of the mother is always paramount in British midwifery, in conformity with this principle, I think that severer measures ought to be forbidden altogether, interdicted even in those cases where the woman appears to be dead. Generally, however, under these large discharges of blood, on arriving, you find your patient still living, but in a state approaching to asphyxia: she is pale and ghastly, and cold and gasping, and, in great measure, insensible; her heart flutters, there is little or no pulse in the wrist; she lives still, but the grave yawns under her, eager for its prey; move her from one side of the bed to the other, she dies; disturb the clots by passing the fingers into the vagina, she dies. It is clear that when

patients are in this condition, trembling upon the very brink of destruction, there is but little time for you to think what ought to be done; these are moments in which it becomes your duty not to reflect, but to act. Think now, therefore, before the moment of difficulty arrives. Be ready with all the rules of practice, which those very dangerous cases require.

Called to a case of this kind myself, the first thing I do, is to direct my attention to the circumstances under which these bleedings occur; for these floodings may occur in the pregnant, or the unimpregnated,—in the earlier or in the latter months, without the placenta partially, or altogether covering this part—before the birth of the *fœtus*, or afterwards—or, in twin cases, one child being born, the other may remain in the uterus—or, when the secundines have to appearance been removed, a large piece may still remain in the uterus, the accoucheur not suspecting in the latter, still more frequently in the earlier months. These points are of no small importance. On reaching, therefore, the apartment of your patient, the attention should be directed immediately to all of them; this is easily done, if you have them on your mind, and should certainly by no means be neglected. What are the circumstances under which the floodings occur?

Again, if I am called to one of those cases in which the patient approaches to asphyxia, I am anxious to know whether the bleeding has been arrested; sometimes it is going on, more frequently it has been arrested, or the discharge which continues is

a mere show. To determine a point so important, I would recommend you, with as little disturbance as may be, to clear the blood from the genitals; and then, again, with as little disturbance as may be, to spread cautiously a napkin between the hips and the bed; this done, another clean napkin, interposed between the thighs, may be applied against the orifice of the vagina, and if there is no further discharge the napkin will retain its whiteness, but if the bleeding continue, blood will make its appearance on the napkin in the form of concretions and a red patch, broader or more circumscribed, according to the quantity of the discharge. Of the abundance of the bleeding you may judge from the color; if redder, then larger orifices are open—if paler, then smaller; or, at all events, in the latter case the discharge is smaller, and of course less likely to be productive of danger.

In cases of this kind also, where the patient is approaching to asphyxia, I am very anxious to know whether the system be on the rally or the decline—a most important inquiry. Now, sometimes, you find the patient is evidently improving from half hour to half hour; her hands and feet are warmer—her pulse is stronger—her countenance is brighter—her mind is livelier—in a word, there are all those appearances of amendment which, after you have been in practice a little, you expect to meet with when the strength is rising. On the other hand, however, you are sometimes meeting with different cases, in which, although the hæmorrhage is stopped, the patient

is evidently on the decline. After floodings immediately, women sometimes die in a moment, but more frequently in a gradual manner; and over the victim death shakes his dart, and to you she stretches out her helpless hand for that assistance, which you cannot give, *unless by transfusion*. I have seen a woman dying for two or three hours together, convinced in my own mind that no known remedy could save her; the sight of these moving cases first led me to transfusion. Experience is the only mean of acquiring the knowledge of these mortal symptoms. To seize the tact which will enable you to determine with promptitude and certainty whether death must ensue or not, the cases must be seen. For a full enumeration of the symptoms which indicate the death arising from inanition, I must refer you to the history of them already given; it may not, however, be amiss in the way of repetition, to remark here, that to myself the fatal termination is principally foreshown by a certain ghastliness of the countenance—by a restless disposition to change posture—by a long-continued cessation of the pulse in the wrist—by a gasping respiration, like that produced by running—and by a jactitation of the arms and legs, joined with a feeling of most oppressive anguish. From these symptoms, associated with the ordinary signs of inanition, women seldom escape; nor must it be forgotten, that they sometimes, in a fainting fit, die suddenly, or more slowly, without the harbingers of dissolution to foreshow the event.

One more remark, and I conclude. If you are called to cases

in which there has been a good deal of discharge from the uterus, the patient lying in a state approaching to asphyxia, you will sometimes find her, as you enter the room, supplicating that her posture may be changed, and this more especially, if under the flooding restlessness have supervened. Now I wish you to understand, most distinctly, that the change of posture is very dangerous, and that frequently, when it is allowed, it does not afford the expected relief. When a great deal of blood is come away from the uterus, even where the patient is rallying and likely to do well, and where, perhaps, for two or three hours together, but little discharge has occurred, were you to direct the patient to be lifted from one side of the bed to the other, you might cause a terrific disturbance of the circulation, or a renewal of the discharge destructive to life. One woman, in whom a large bleeding had been suppressed, perished, in this manner, under my own observation; to appearance all danger was over—like a thunder-cloud it was passed away—when, unhappily, she rose to the erect posture; the flooding was renewed, and she sank. Many years ago, this case occurred to me, and made a strong impression on my mind. A patient, on whom I performed the operation of transfusion, and who was very effectually relieved by it (ultimately recovering) two or three hours afterwards, was so urgent with me to allow a change of position, that my feelings subduing my judgment, I assented. From this disturbance of the body, however, such perturbation of the heart ensued, that for three

or four minutes together, I thought the patient would have sunk; and, really, the recovery might more properly be ascribed to our good fortune, than our good practice. Only the other night I was called to a patient, in whom there was a large discharge of blood from the uterus, and where the woman was reduced to a state approaching to asphyxia, though likely to do well; this woman, contrary to my wishes, was moved, and for a few minutes her life seemed, of consequence, to be in danger the most imminent. So that to revert to the rule with which I set out, and which these facts illustrate, remember, that if you are called to cases in which the women are lying in a condition approaching to asphyxia, you ought never without need to move them at all—and, above all, you ought not to move them into the erect posture. One change you may, *perhaps*, sometimes make with advantage, gently and cautiously raising the legs, so as to bring the blood upon the heart and central parts of the body; you may with equal caution and gentleness withdraw the pillows, and suffer the head to sink below the shoulders; the head, if the woman chance to be already lying close upon the edge of the bedstead, being allowed to hang down over it a little way so as to facilitate the access of the blood to the brain. All this, I say, you may perhaps do, in these cases, with gentleness, with caution—shall I add, with fear and trembling; but, after all, I am not altogether convinced of the excellence of the practice, nor dare I dogmatically pronounce, that it is either very useful or very safe.

III.

SELECTIONS FROM FOREIGN
JOURNALS.*On the Employment of Cotton in
the Treatment of Burns.*

Raw cotton, or cotton wool, has been for some time a popular remedy for burns, but it has not been much used by professional men, and although we are aware that some surgeons employ it extensively, indiscriminately, and, as they have assured us, invariably with good effects, Dr. Anderson, of the Glasgow Infirmary, is the first person in this country who has subjected it fully to public trial, and brought it under the notice of his brethren in a methodical and satisfactory way. He appears to use it in every form of burn, and at every stage of its progress.

The most striking feature in its effects in all instances,—whether of recent superficial burn causing vesication, or of recent deep disorganization of the true skin and cellular tissue, or of superficial inflammation and suppuration succeeding a superficial injury, or of deep sloughing,—is to allay pain and irritation of every sort rapidly and altogether. Several of Dr. Anderson's patients who had been treated for former burns, according to various old methods, assured him they had never experienced such relief from pain before. It is remarkable, indeed, that even in those hopeless cases in which the integuments have been extensively and deeply destroyed, and in which death must almost inevitably ensue, the application of the cotton is speedily followed by marked relief, nay, by the total and permanent departure of suffering. In consequence of this

allaying of irritation, the pulse comes down, the heat of the body diminishes, the anxiety ceases, sleep is restored, and the appetite returns.

By thus checking the inflammatory action in those cases in which the surface only of the true skin is injured, the cotton always greatly accelerates the cure, and will often complete it without leaving any material cicatrix or scar; whereas in all the common modes of treatment, the inflammatory action being allowed to go on, the deeper layers of the true skin, though not primarily injured, ulcerate or slough away, and in consequence the sore cannot heal without leaving an ugly scar. This is one of the chief excellences of the new mode. The cotton forms with the discharge a substitute for the epidermis, under protection of which the process for the formation of the new cuticle takes place undisturbed by external irritations. Thus, in the case of a collier who had the hands, a portion of both arms and both legs, as well as the face, severely scorched by an explosion of fire-damp, the cotton was applied to all the injured parts and left untouched for fourteen or fifteen days. On then removing the mould or mask which the matted cotton and discharges had formed, it was seen that many inches of the circumference of the sores were healed, and that the central parts of the sores were on a level with the surrounding integuments, and were not granulations, but simply "the papillæ of the true skin denuded of the cuticle, inflamed and enlarged so as to present a granular appearance." The sores were almost entirely cicatrized in four weeks, a few points

only remaining open for some time longer ; and instead of any scars being left behind, the only change ultimately observed was that the skin appeared redder than natural, and that the patient, previously marked with the smallpox, had got rid of the deformity. "In such a case as this," continues Dr. Anderson, "under the usual treatment by frequent removal of the dressings, of whatever kind they may be, the parts must have become open granulating sores, of difficult and tedious cure, which would have left scars destroying the motions of the fingers, disfiguring the face, and probably producing *ectropium* in one or both eyes." Dr. Anderson has farther had a good opportunity of witnessing the relative effects of the cotton, and of the common treatment with the *linimentum calcis*, by trying each in the case of a girl who had both legs similarly and severely burnt. The leg which was dressed with cotton gave her little uneasiness, and on the cotton being removed for the first time at the close of the third week, a new and sound skin presented itself. On the contrary, the other leg continued long inflamed and acutely painful ; and although the sores were treated with a variety of applications according to their state, there were several troublesome ulcers remaining at the end of two months, and they did not heal entirely for a month more.

When the injury caused immediately by the burn is so severe and deep as to have killed or disorganized the whole thickness of the true skin, and when consequently a slough must be thrown off, it is well known that the process of separation is usually very tedious, the cicatrix contracted

and injurious to the movements of the joints and the circulation of the blood, and that very frequently the constitution sinks under the violence of the inflammation or the profuseness of the ensuing discharge. All these evils, according to Dr. Anderson, are greatly mitigated by the use of the cotton. A very striking case in point, namely, the 8th, well deserves to be here related in detail. A cart-er, 23 years of age, was severely scorched by his clothes catching fire. Almost the whole back below the level of the lower edge of the scapulæ, and a great part of the right side were dry, hard, and brown like leather, and the surrounding skin was red and vesicated. Round the right leg was a band of similarly disorganized integument three inches in breadth ; and almost the whole left thigh and left elbow were in the same state. Three days after the accident he came under Dr. Anderson's care in the Glasgow Infirmary. Cotton was applied over the whole injured parts, after they had been anointed with oil of turpentine. The pain was soon much alleviated. On the fifth and seventh days after admission, portions of soaked cotton were removed, without, however, exposing the surface. On the eighth day the left thigh was examined, and presented a healthy sore with little of the slough remaining ; and the patient continued free of pain and constitutional disturbance. The cotton was reapplied, and on the twelfth day all the sloughs had separated, except from the back, and healthy sores had formed in their place. On the fourteenth day the cotton was for the first time removed from the back, so as to expose the surface, which

was found healthy and level with the surrounding healthy skin, except at one point where a deep slough was still attached. This, however, was separating rapidly, and on the twenty-second day it came away. The patient slept always comfortably from the very day of his admission. Exuberant granulations subsequently rose up; but they were kept down by pressure with sheet-lead and pads, and the use of cotton steeped in stimulant lotions, and then well dried and carded. "These applications were removed about once a week, and at every examination there was found to be a gradual formation of new skin, which, instead of being hard, contracted, and elevated, was soft, smooth, and level." At the end of three months, a few inches of surface only remained open. Dr. Anderson observes upon this case, that he had never seen so bad a one recover under any other plan of treatment; that it was the general opinion of those who saw the man that he could not recover, and that he doubts whether a similar case of cure could be produced. "I am quite satisfied at least," continues he, "that no one can be pointed out in which the treatment was so easy, both for the surgeon and the patient; and where was neither the loss of a single night's sleep, nor the occurrence of a single symptom requiring the prescription of more than a simple laxative medicine."

Dr. Anderson seems to consider, that, in consequence of the tendency of the treatment with cotton to bring about the filling up of breaches of substance, and the formation of a soft, extensile cuticle, recovery from deep burns when effected by means of this

remedy, will not be so apt to be attended with contraction of the joints, or with obstruction to the passage of the sweat and insensible perspiration,—both of which consequences, and particularly the former, have been often remarked after recovery by the old plans.

He concludes his paper with some directions for preparing and applying the cotton, and for aiding its operation by collateral treatment. The cotton, he remarks, ought to be finely carded in narrow fleeces, thin enough to be translucent. If the burn chiefly consists of vesications, the serum is to be let out, and the parts washed with tepid water. If the skin is more deeply scorched, a spirituous or turpentine lotion is better. The cotton is then applied in successive layers, till the injured parts are completely protected from the effects of motion and pressure; and a bandage may sometimes be necessary to retain it. When the discharge from any part is so great as to soak through the cotton, or when it has become insupportably offensive, as sometimes happens in summer weather, layers of the cotton should be removed as far as can be done without exposing the injured surface, and fresh layers are to be applied in their place. But it is very desirable to keep the whole body for many days in a state of complete repose, and therefore the first dressings should be allowed to remain undisturbed as long as possible, notwithstanding the importunate complaints often uttered by the patient against the offensive smell of the discharges. Charpie, wadding, and patent or Liverpool lint, will answer every purpose fulfilled by the cotton. Dr. Anderson prefers

the cotton or wadding in the first instance, and the charpie or lint for granulating sores that require pressure.

The surgical profession is much indebted to the author for having given this remedy so fair and ample a trial, and we doubt not will rejoice to find from future experience, that his commendation of it is not exaggerated. We should add, what, indeed, is probably known well enough, that it was first brought forward as a *professional* remedy in the United States. Dr. Anderson adds, that he has been informed it is a favorite cure for burns in Greece.

Edin. Med. Journal.

Symptomatic Diabetes Mellitus.

It is an important fact in the pathology of this mysterious disease, that when the system is gradually sinking under phthisis, one of its commonest terminations, or when life is cut short more abruptly by some other supervening disorder, the morbid secretion sometimes returns to its healthy state,—a proof that the elaboration of saccharine matter in the kidney is not owing to an organic change in structure, but simply to derangement of function. A new and singular fact of the same nature has been detailed by Dr. Bennewitz in Osann's Clinical Report for 1823-4-5; namely, the occurrence of diabetes mellitus in conjunction with pregnancy. The case is in many respects interesting. A stout young woman who previously had three children, and always carried her child to the full time without any material disturbance of her health, became pregnant for the fourth time. During the whole of that pregnancy she was tormented

with insatiable thirst, and profuse discharge of urine; but as she had no other complaint of sufficient moment to attract her attention, she did not apply for advice; and the nature of the urine was never ascertained, as the quantity of liquid she drank was naturally thought to be a satisfactory explanation of the increased quantity of liquid discharged. The thirst and diuresis ceased suddenly soon after she was delivered, and she recovered perfectly. At the age of twenty-two she became pregnant for the fifth time; and hardly had the pregnancy begun when the thirst and diuresis reappeared even in a more tormenting degree than before; no other symptom of ill health, however, accompanied them, so that it was not till the seventh month that she applied for medical advice, and even then thirst was her chief complaint. The desire for drink, caused by a burning and itching sensation in the throat, was such that she drank daily five or six Berlin quarts; but her hunger was not preternatural. Her digestion at the same time was vigorous; and although she said she had been much stronger at the commencement of her pregnancy, she was still a stout-looking woman. The urine considerably exceeded in quantity the liquid drank, amounting in fact to eighteen medicinal pounds; it was watery and muddy; had a faint smell like stale beer; and had a taste resembling that of beer, but much sweeter. The tongue was clean and dark-red; the mouth constantly dry; the gums shining, red, and retracted, so that the teeth were loose; the voice weak and hoarse; the bowels regular; her sleep disturbed by calls to drink; the skin

rough, harsh, dry, never perspirable; the pulse full, hard, and frequent; the temperature of the body irregular;—and menstruation had continued during the whole period of her pregnancy. Latterly she had also pains in the loins, shooting towards the pubis, and particularly troublesome when she walked. No symptom whatever could be detected of a local affection of the kidneys. On account of the state of the pulse twelve ounces of blood were taken from a vein; but no change whatever was caused in the symptoms. The blood drawn formed an abundant dark-red crassamentum without sizyness, and a clear serum of a peculiar faintly-sweetish smell and taste. A strict animal diet and warm clothing were then enjoined, together with the occasional use of magnesia and hyoscyamus to keep the bowels moderately open; but although she in consequence seemed to feel more comfortable, the state of the urinary secretion remained unaltered. About this time it was analyzed by *Hermbstaedt*, and found to contain two ounces of saccharine matter per pound (*civilpfund*). At length the labor pains commenced prematurely, (the precise time not mentioned,) and she was delivered of a female infant weighing twelve pounds, and which died in the passages. Next day she was attacked with great weakness, tearing pain in the lower belly, so acute that she could not bear the pressure of the bed-clothes, delirium, flushing of the countenance; but as the lochia continued to flow naturally, she was not subjected to any particular treatment. Next day, however, the same symptoms continuing, leeches were applied to the abdomen, and a

laxative administered. The operation of the latter was followed by profuse perspiration, the first she had had since her pregnancy began. The inflammatory symptoms then rapidly disappeared; at the same time the thirst, diuresis, and saccharine taste of the urine became less and less, and she was soon restored to perfect health. The urine was carefully analyzed again by *Hermbstaedt*, (at what distance of time after delivery is not stated;) and he could not detect in it any trace of sugar. Six months after being dismissed cured, she became pregnant a sixth time. The relater did not see her during this pregnancy; but he was subsequently informed by her that she had the same thirst, heat in the throat, and diuresis, though in a much less degree than formerly; and that in addition she had a profuse *fluor albus*, which no treatment could check during her pregnancy, but which ceased of its own accord soon after delivery.

Ed. Med. and Surg. Journ.

On the Discharge of Hair with the Urine.

The following notice of a case of this description lately observed by *M. Boyer* of Montpellier, has appeared in the *Nouvelle Bibliothèque Médicale*. A young woman 24 years of age was suddenly seized during the course of her second pregnancy, with frequent desire to pass urine, which was muddy, purulent, mixed with hairs, and some of the hairs were encrusted with saline concretions. After her delivery, which took place at the ordinary period, she continued for some time to pass hairs. Her husband subsequently pulled out a large quantity of them by means of a blunt brass hook, which he succeeded in introducing into the bladder. This operation,

which gave her great relief, was performed in the presence of Delpech. That gentleman suspecting the presence of a calculus in the bladder, made an incision through the superior parietes of the urethra, and actually extracted a small stone, and several masses of hairs. Injections into the bladder brought away still more of them, and another mass being discovered in the bladder with the finger, it was extracted with a pair of forceps. She then appeared to recover; but at the end of a couple of months, the pain and discharge of hairs returned. The bladder was then again explored, and there was withdrawn from it a substance as big as a hen's egg, in which it was easy to recognize a portion of skin covered with hair, and a mass of bone resembling the zygomatic apophysis, and presenting an alveolar process, with a grinding tooth in it. "From these facts it must be inferred, that there was not in this case a true *pili-mixtion*, (a phenomenon, the existence of which is questioned by most authors,) but rather the excretion of an ovum imperfectly developed.—*Ib.*

On the Treatment of Erysipelas by numerous Punctures in the affected Part.

Dr. Dobson, in a letter to Mr. Lawrence, describes a method of treating erysipelas which he has adopted for more than twelve years, and in several hundred cases. It consists in making punctures with the point of a lancet, in number from ten to fifty, and in depth from two to four-tenths of an inch. These punctures are repeated "mostly twice a-day; and often, in bad cases, three or four times in the twenty-four hours." A quantity of blood and serum exude. The punctures "mostly heal in a few hours, and never entail any material injury;" they are practised early in the disease, and in all parts of the body.

TO CORRESPONDENTS.

We have received a request from a correspondent to publish some ac-

count of the virtues, preparation, and mode of administering some of the new medicines which have been introduced within a few years. We shall endeavor speedily to comply with it.

A communication has also been received from Dr. GEORGE CHOATE, Salem, and shall appear next week.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Sept. 13, at noon.

Aug. 6.	Stephen Raymond,	38 yrs.
	Jarvis Clapp,	39
	Hastian Gardner,	12 mo.
	Joel Atherton,	31 yrs.
	Mary Whall (Rainsford I.)	7 mo.
	Thomas A. L. Hutchinson,	9
	Ann Fairbanks,	2 yrs.
	Ordine W. Lewis,	2
7.	Amasa Penniman,	66
	Son of Ellis Gray Loring,	2 w.
8.	Jane M. Ginnis,	48 yrs.
	David Hayden,	30
	Benj. Gale Houston,	37
	John Buss,	38
	Agnes Trask,	76
	Arolino Lovejoy,	6 mo.
	William Garrett,	39 yrs.
	Elizabeth Lane,	36
9.	William Ireon,	17 mo.
	William H. Wells,	11 w.
	Elizabeth Nash,	16 mo.
	John L. White,	51 yrs.
	Thomas Moore,	18 mo.
	Olive F. Reed,	3
	Sarah E. Plamboeck,	8 yrs.
10.	Thomas Holland,	45
	James W. Jordan,	17 mo.
	David Craig,	29 yrs.
	Mary Dilling,	40
	Sybil A. Leonard,	4
	Jeremiah Dorthy,	12 mo.
11.	Edward B. Coleman,	33 yrs.
	Dennis Kennedy,	40
	Mary Elizabeth Johnson,	11 mo.
	Susan Jones,	12
	Martha J. Pedder,	27 yrs.
	Michael Kennedy,	12 mo.
12.	Mary Ann Flynn,	14
	Harriet W. Knights,	8
	Sarah B. Williams,	8
	Tabitha Hutchins,	59 yrs.
	Nath. Dodge,	53
13.	Hammond Howe Hayden,	11 mo.

Bilious fever, 3—consumption, 5—cholera infantum, 4—canker, 2—canker in the bowels, 2—dysentery, 4—delirium tremens, 2—dropsy in the head, 2—hooping cough, 1—intemperance, 4—infantile, 1—inflammation in the bowels, 1—old age, 1—scirrhus, 1—smallpox, 1—stoppage in the bowels, 1—teething, 2—typhus fever, 1—unknown, 6. Males, 25—females, 18. Total, 43.

ADVERTISEMENTS.

MEDICAL INSTITUTION OF HARVARD UNIVERSITY.

THE MEDICAL LECTURES will begin on the third Wednesday in October, in the Massachusetts Medical College, Mason-street, Boston.

Anatomy and Surgery, by Dr. WARREN.
Chemistry, by Dr. WEBSTER.

Materia Medica, by Dr. BIGELOW.

Midwifery and Medical Jurisprudence, by Dr. CHANNING.

Theory and Practice of Physic, by Dr. JACKSON.

The Lectures continue thirteen weeks. The Class attend the Medical and Surgical Practice of the Massachusetts General Hospital, and Dr. Jackson's Clinical Lecture on the Cases, without fees.—Separate Lectures on the Principles of Surgery are given by Dr. Warren without fees. Arrangements have been made for the study of Practical Anatomy, which will probably afford as great facilities as can be desired, and at as low a rate as at any school in the United States. The use of the Library of the Massachusetts Medical College may be obtained during the Course, by paying one dollar. The Professor of Chemistry will receive private pupils for instruction in the Laboratory.

WALTER CHANNING,

Dean of the Faculty.

PRIZE DISSERTATION

On the Effects of Spirituous Liquors.

AT the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

“Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the ef-

fect of the use of wine and ardent spirits on the different organs and textures of the human body.”

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; on or before the 15th day of April, 1829.

JOHN C. WARREN,
ZABDIEL B. ADAMS, } Committee.
JOHN WARE,

A dissertation marked “*Fons et Origo Mali*,” is left at Mr. Cotton's Bookstore, for the author if he should desire it.

Editors of newspapers are respectfully requested to republish the above for the public good. aug 9.

Some persons having believed that the premium offered by the Mass. Med. Soc. for the best dissertation on Intemperance, is to be confined to the members of the Society, notice is hereby given that the above named premium is open to all who may incline to become candidates for it.

NATHAN JARVIS,

Druggist and Apothecary,

HAS taken the Apothecaries' Hall, No. 189, Washington Street (lately kept by Messrs. Wm. B. & Henry White.) His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue their patronage.

EUROPEAN LEECHES.

CHARLES WHITE, No. 269 Washington St., Corner of Winter St., has received a supply of GERMAN and PORTUGUESE LEECHES.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.